FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

2019 APR -5 PM 2:09

CLERK. U.S. DISTRICT COURT NORTHERN DISTRICT OF OHIO TOLEDO

UNITED STATES DISTRICT COURT for the

NORTHERN DISTRICT OF OHIO

DAREK LATHAN, pro-se Plaintiff,

٧.

Bureau of alcohol, tobacco, firearm Defendant.

3:19 CV 759

Case No.

JUDGE JAMES G. CARR

JUDGE JAMES R. KNEPP II

COMPLAINT

## I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES NO

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs DARCK LATHAN, pro-Se

Defendants James g. carr, Tracey ballard tangeman, Jack zouhary, James KneppII, Jemes Helmick

2. Court (if federal court, name the district; if state court, name the county):

Northern district

ame of judge to whom case was assigned George C. STEEHIII  sposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)  PENDING  oproximate date of filing lawsuit: 12/10/18  oproximate date of disposition:  Present Confinement: CCNO  there a prisoner grievance procedure in this institution? YES NO  id you present the facts relating to your complaint in the state prisoner grievance
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edure? YES NO
your answer is "yes",
1. What steps did you take?
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2. What was the result?
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f your answer is "no", explain why not:
a State issue.
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F. If your answer is "yes",
What steps did you take?
2. What was the result?
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III. Parties
(In item A below, place your name in the first blank and place your present address in the
second blank. Do the same for additional plaintiffs, if any.)
A. Name of the Plaintiff DARCK LATHAN, pro-Se
Address 03151 County rd. 24-25 stryker, oh. 43557
(In item B below, place the full name of the defendant in the first blank, his or her official
position in the second blank, and his or her place of employment in the third blank. Use item
C for the names, positions and places of employment of any additional defendants.)
B. Defendant Bureau of alcohol, tobacco, Firearm Eplosive is employed as
government agency at 99 New York Ave, N.E. RM5e-310 Washington, D. C. 20226
C. Additional Defendants
IV. Statement of Claim

(State here the facts of your case. Describe how each defendant is involved. Include also the

names of other persons involved, dates and places. Do not give any legal arguments or cite

any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separated paragraph. Use as much space as you need. Attach extra sheet(s) if necessary.)

The ATF recruited me as a C.I. and when
I got arrested they suppressed documention
validating my status with the agenency.
The agents made conscious efforts to conspire
to keep me falsely imprisoned On 3/6/19 ATF
associate chief counsel melissa anderson confirmed
that the information I sought relevant to my status
as a C. I. For the ATF was provided to my depense
attorney through the Ausa. But the Ausa never
relinguished the documents which manifest my
False imprisonment.
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(Statement of Claim continued)								
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V. Relief	
(State briefly exactly what you want the court to do for you. Make no legal argume	nts. Do
not give any legal arguments or cite any cases or statutes.)	
The court is compel to grant demand in comp	Jama
of \$18,000,000 or order mediation to reach a	V.
settlement.	
•	
Signed this 12 day of MARCH , 20 10	1
I declare under penalty of perjury that the foregoing is true and correct.	
3/12/19  Date  Signature of Plaintiff	

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## FURTHER, I understand that:

Regardless of the outcome of my action, I am liable for the full fee. For example, even if the action is dismissed without service of process, the court will continue to collect installment payments from my account until the entire filing fee is paid. I further understand that I will continue to be liable for the full amount of the fee even after I am released from incarceration.

I have read the forgoing information, and I understand that if I submit this Application, the court will assess and, when funds exist, collect the full fee in the manner set forth above. I further understand that no money should be sent with this Application.

I authorize the correctional facility in which I am housed and any correctional facility to which I am transferred to withdraw from my trust fund account and forward to the federal court a) an initial partial filing fee for this action (20% of greater of my average monthly deposits or average monthly balance for the past six months), and b) subsequent monthly payments (20% of my previous month's deposits) until I have paid the full filing fee of \$350 for this action.

Print your name <u>LARCK L. LATHAN</u>	
Ochok L. Lathon #201800685 Signature and Prisoner #	3/12/19 Date

TO BE COMPLETED BY AUTHORIZED OFFICER OF INSTITUTION (PLEASE ATTACH LEGIBLE CERTIFIED COPY OF INMATE'S PRISONER ACCOUNT STATEMENT FOR THE PREVIOUS SIX MONTH PERIOD):

I certify that the attached is a true and accurate copy of the inmate's prisoner account statement.

Junya Sustus Fuscal agent Authorized Officer of Institution